

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002654

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

238

Primary Registration District No.

5823

Registrar's No.

2

FILED JAN 21 1963

1. PLACE OF DEATH

a. COUNTY

New Madrid

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN New Madrid

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

New Madrid

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Doctors Office

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
209 Mill St.

Reside on Farm.
Yes ☐ No ☒

3. NAME OF DECEASED

First

Robert

Middle

Allen

Last

Sopshire

4. DATE OF DEATH

Month

1

Day

14

Year

63

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐

Widow ☒ Divorced ☐

8. DATE OF BIRTH

6/25/62

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CHILD

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

New Madrid

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James Sopshire

13b. MOTHER'S MAIDEN NAME

Essie Lee Sanders

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Essie Lee Sopshire, New Madrid, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchial Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Severe cold - Bronchitis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 14 - 1963 to Jan 14 - 63 and last saw him alive on Jan 14 - 1963. Death occurred at 7:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

O.B. Chandler M.D.

22b. ADDRESS

New Madrid, Mo.

22c. DATE SIGNED

1-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1/15/63

23c. NAME OF CEMETERY OR CREMATORY

Sandhill

23d. LOCATION (City, town, or county)

New Madrid, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Richards Funeral Home Inc.
New Madrid, Mo.

25. DATE RECD. BY LOCAL REG.

1-15-63

26. REGISTRAR'S SIGNATURE

Jay H. Hays

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Birth: New York

Birth: New York

Age: 25

Age: 25

Sex: Male

Sex: Male

Height: 5' 10"

Weight: 175 lbs

Height: 5' 10"

Weight: 175 lbs

7

1914-1915

1914-1915

1914-1915

1914-1915

1914-1915

1914-1915

1914-1915

1914-1915

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1914-1915

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3803

P. O. Address New Madrid, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

1914-1915

1914-1915

1914-1915

1914-1915

1914-1915

Permit obtained 1-14-63